

400 Garden City Plaza, Suite 300
Garden City, New York 11530
(516) 742-4343 - Telephone
(516) 742-4366 - Facsimile
E-mail: intprop@ssmp.com

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APR 28 2006

To: Examiner Philip Robert SMith
Art Unit: 3739

From: Thomas Spinelli, Esq.
Registration No.: 39,533

Fax: 571-273-8300

Pages: 18

Phone: 571-272-6087

Date: April 28, 2006

Re: USSN: 10/790,263
Our Docket: 17489

CC:

☐ **Urgent** ☐ **For Review** ☐ **Please Comment** ☐ **Please Reply** ☐ **Please Acknowledge**

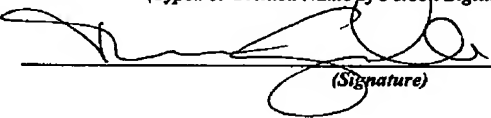
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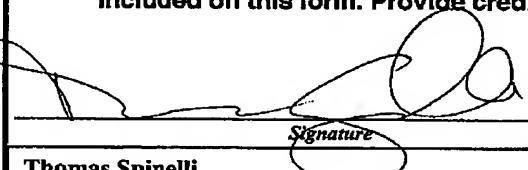
Applicants: Hironobu Takizawa, et al.
Serial No.: 10/790,263
For: CAPSULE MEDICAL APPARATUS AND CAPSULE MEDICAL APPARATUS
COLLECTING SYSTEM
Filed: March 1, 2004
Docket: 17489
Dated: April 28, 2006
TS:cm

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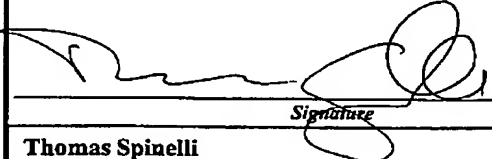
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CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)			Docket No. 17489
Applicant(s): Hironobu Takizawa, et al.			
Application No. 10/790,263	Filing Date March 1, 2004	Examiner Philip Robert Smith	Group Art Unit 3739
Invention: CAPSULE MEDICAL APPARATUS AND CAPSULE MEDICAL APPARATUS COLLECTING SYSTEM			
Confirmation No.: 4220			
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 <u>Thomas Spinelli</u> <small>(Typed or Printed Name of Person Signing Certificate)</small>  <small>(Signature)</small>			
 Note: Each paper must have its own certificate of mailing.			

P18/REV02

AMENDMENT TRANSMITTAL LETTER (Large Entity)					Docket No. 17489	
Applicant(s): Hironobu Takizawa, et al.						
Application No. 10/790,263	Filing Date March 1, 2004	Examiner Philip Robert Smith	Customer No. 23389	Group Art Unit 3739	Confirmation No. 4220	
Invention: CAPSULE MEDICAL APPARATUS AND CAPSULE MEDICAL APPARATUS COLLECTING SYSTEM						
COMMISSIONER FOR PATENTS:						
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.						
CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	46	52 =	0	x \$50.00	\$0.00	
INDEP. CLAIMS	3	10 =	0	x \$200.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00	
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 19-1013/SSMP <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.						
 _____ <i>Signature</i> Thomas Spinelli Registration No.: 39,533			Dated: April 28, 2006			
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P11LARGE/REV08

AMENDMENT TRANSMITTAL LETTER (Large Entity)					Docket No. 17489	
Applicant(s): Hironobu Takizawa, et al.						
Application No. 10/790,263	Filing Date March 1, 2004	Examiner Philip Robert Smith	Customer No. 23389	Group Art Unit 3739	Confirmation No. 4220	
Invention: CAPSULE MEDICAL APPARATUS AND CAPSULE MEDICAL APPARATUS COLLECTING SYSTEM						
<u>COMMISSIONER FOR PATENTS:</u>						
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.						
CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	46 -	52 =	0	x \$50.00	\$0.00	
INDEP. CLAIMS	3 -	10 =	0	x \$200.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00	
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 19-1013/SSMP <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.						
 _____ Signature			Dated: April 28, 2006			
Thomas Spinelli Registration No.: 39,533			<div style="border: 1px solid black; padding: 5px;"><p>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____</p><p style="text-align:center;">(Date)</p><p style="text-align:center;">_____ Signature of Person Mailing Correspondence</p><p style="text-align:center;">_____ Typed or Printed Name of Person Mailing Correspondence</p></div>			
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P11LARGE/REV09

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APR 28 2006

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s):	Hironobu Takizawa, et al.	Examiner:	Philip Robert Smith
Serial No:	10/790,263	Art Unit:	3739
Filed:	March 1, 2004	Docket:	17489
For:	CAPSULE MEDICAL APPARATUS AND CAPSULE MEDICAL APPARATUS COLLECTING SYSTEM	Dated:	April 28, 2006
Conf. No.:	4220		

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

RESPONSE

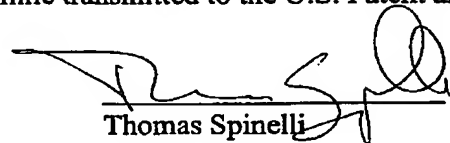
Sir:

In response to the Official Action dated January 30, 2006, Applicants respectfully request reconsideration of the above-identified application in light of the following amendments and remarks:

CERTIFICATE OF FACSIMILE TRANSMISSION

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Dated: April 28, 2006


Thomas Spinelli

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IN THE TITLE:

Please amend the title as follows:

**CAPSULE MEDICAL APPARATUS HAVING EVACUATION
DETECTING AND NOTIFYING DEVICES AND CAPSULE MEDICAL APPARATUS
COLLECTING SYSTEM.**